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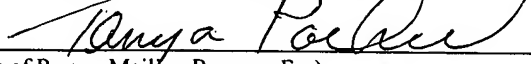
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on June 28, 2004
Tanya Parker

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(Typed or Printed Name of Person Mailing Paper or Fee)

Technology Center 2100


(Signature of Person Mailing Paper or Fee)

Application Number : 10/066,481
Applicant : Hugh R. Kurth
Filed : January 31, 2002
TC/A.U. : 2177
Examiner : Lu, Kuen S.

Confirmation Number: 3526

Docket Number : SUN-P7036
Customer No. : 22,835

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

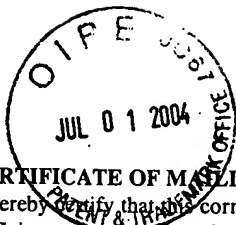
AMENDMENT

Sir

In response to the office action of **June 4, 2004**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.



CERTIFICATE OF MAILING

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Technology Center 2100

PATENT APPLICATION
Attorney Docket No. SUN-P7036

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Hugh R. Kurth) Examiner: Lu, Kuen S.
Serial No. 10/066,481)
Filing Date: January 31, 2002) Group Art Unit: 2177
Title: SHARED RESOURCE VIRTUAL QUEUES)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed June 4, 2004.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.


☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P7036).

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FAX: (530) 759-1665

Respectfully submitted,

By 
Edward J. Grundler
Registration No. 47,615

Date: June 28, 2004